

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90114 026 ***150.00

DOCUMENT # P02000091972

1. Entity Name
MEDALLION MANAGEMENT & CONSULTING, INC.



Principal Place of Business
500 N OSCEOLA AVE #603
CLEARWATER FL 33755

Mailing Address
500 N OSCEOLA AVE #603
CLEARWATER FL 33755



2. Principal Place of Business
500 N. OSCEOLA AVE

3. Mailing Address
2519 McMullen Booth Rd

Suite, Apt. #, etc.
PENTHOUSE G

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
56-2288471

Applied For
Not Applicable

Zip
33755

Country
USA

Zip
33761

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BRETT S
500 N OSCEOLA AVE #603
CLEARWATER FL 33755

Name
BRETT S. MILLER

Street Address (P.O. Box Number is Not Acceptable)
500 N. OSCEOLA AVE

PENTHOUSE G

City
CLEARWATER

FL

Zip Code
33755

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brett S. Miller*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MILLER, BRETT S**
STREET ADDRESS **500 N OSCEOLA AVE #603**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☒ Change ☐ Addition
NAME **BRETT S. MILLER**
STREET ADDRESS **500 N. OSCEOLA AVE. PENTHOUSE G**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brett S. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03 **727/409-3015**
Date Daytime Phone #

CR2E034 (10/02)